million population and it is envisaged to cover 700 million by 2004 and the entire country by 2005. Under the Programme all diagnostic and treatment facilities including supply of anti TB drugs for full course of treatment are provided free of cost to the TB patients. The project districts have reported treatment success rate of more than 80%, which means that 8 out of every 10 TB patients diagnosed and put on treatment under revised strategy are successfully treated as against less than 4 in the previous programme. State-wise performance under RNTCP as per quarterly performance report ending June 2002 is given in Annex. I.

(c) and (d) Funds to the State/District TB Societies were released for undertaking various activities for implementation of RNTCP. As RNTCP was a new strategy of TB Control and large number of preparatory activities were required to adopt this strategy, in the initial period, there had been low utilization of funds. However, utilisation has gradually increased. Funds are released on a non lapsable basis and attempts are being made to ensure that minimum balances are at Districts subject to there being enough funds available for all activities. As regards NGO's it is stated that involvement of NGO's under RNTCP and release of funds to them has been decentralised to the district level. About 510 NGO's are now participating in RNTCP and funds utilization has increased. Wherever necessary, funds have been reallocated for other requirements.

(e) and (f) The World Bank Project for implementation of RNTCP was launched in 1997 to cover a population of 271 million in 102 districts and to strengthen 203 districts having population of 447 million to prepare them to adopt RNTCP at a later stage at a cost of Rs. 604 crores for a period of 5 years.Till date about 502 million population in 248 districts have been covered under the revised strategy. However, due to lower cost of anti TB drugs and binocular microscopes than envisaged in the Project and in-built provision for contingencies to the extent of 25% of the cost of the Project which was not required to be utilized, till date total expenditure has been Rs. 220 crores. In view of the encouraging results of the Project and to utilize the savings, it has been decided to extend the Project till March 2004 to cover a population of 700 million.

National Testing Policy on HIV

1275. DR. C. NARAYANA REDDY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether there are any regulations to monitor the implementation of the norms of National Testing Policy on HIV;

(b) if so, the details thereof; and

(c) the provisions to check flouting of the norms?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) to (c) Government of India has anproved the National AIDS Prevention and Control Policy in April, 2002 which clearly states that there is no public health rational for mandatory testing of a person for HIV/AIDS. HIV testing should be carried out on a voluntary basis with appropriate pre-test and post-test counselling. These guidelines have been circulated to all State Governments for implementation. The statement in this regard is given below:

Statement

The details and the provisions to check flouting of the norms are in the "para 5.6" of "National AIDS Prevention and Control Policy"

"5.6 HIV testing

5.6.1 There is an active debate in the country on the issue of mandatory testing of people suspected of carrying HIV infection. Considerable thought has been given to this issue. The Government feels that there is no public health rationale for mandatory testing of a person for HIV/AIDS. On the other hand, such an approach could be counter-productive as it may scare away a large number of suspected cases from getting detected and treated. HIV testing carried out on a voluntary basis with appropriate pre-test and post-test counselling is considered to be a better strategy and is in line with the WHO guidelines on HIV testing. Government of India has earlier issued a comprehensive HIV testing policy and the following issues are reiterated here:–

(i) No individual should be made to undergo a mandatory testing for HIV.

(ii) No mandatory HIV testing should be imposed as a precondition for employment or for providing health care facilities during employment. However, in the case of Armed Forces, before employment, HIV screening may be carried out voluntarily with pretest and post-test counselling and the results may be kept confidential.

(iii) Adequate voluntary testing facilities with pre-test and post-test counselling should be made available throughout the country in a phased manner. There should be at least one HIV testing centre in each district in the country with proper counselling facilities.

(iv) In case a person likes to get the HIV status verified through testing, all necessary facilities should be given to that person and results

should be kept strictly confidential. Such results should be given out to the person and with his consent to the members of his family. Disclosure of the HIV status to the spouse or sexual partner of the person should invariably be done by the attending physician with proper counselling. However, the person should also be encouraged to share this information with the family for getting proper home-based care and emotional support from the family members.

(v) In case of marriage, if one of the partners insists on a test to check the HIV status of the other partner; such tests should be carried out by the contracting party to the satisfaction of the person concerned.

5.6.2. The HIV testing policy adopted is found to be appropriate for different types of testing done under the programme. At present people are tested for–

(a) Screening in blood banks

(b) epidemiological surveys; and

(c) confirmatory testing for clinical management and voluntary testing.

In the case of screening for blood donation, a single test of ERS (ELISA/ Rapid/Simple) is conducted to eliminate HIV sero-reactive blood. In the case of epidemiological surveys, two tests either with ELISA, or Rapid or Simple will be done. In both these cases the testing is unlinked and anonymous. In the case of diagnosis of clinically suspected cases and for voluntary testing, the testing will be done with 3 ERS using HIV kits with different antigens. HIV testing under these conditions will be carried out with proper pre-testing and post-testing counselling with informed consent of the individual and with proper follow up facilities.

5.6.3 In case of HIV testing facilities in the private sector hospitals, clinics, nursing homes and diagnostic centres, the State Governments should adopt legislative and other measures to ensure that these testing centres conform to the national policy and guidelines relating to HIV testing."

Transfer Policy for Doctors

1276. SHRI KALRAJ MISHRA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to refer to reply to Unstarred Question 1966 given in the Rajya Sabha on 5th August, 2002 and state:

(a) whether Government's policy on the transfer and posting of doctors in the Department of ISM & H has not been implemented;